

CERTIFICATE OF NEED EXPEDITED LTC RENOVATION/MODERNIZATION APPLICATION

John Knox Village

Village Assisted Living, Project 5495 RT



Certificate of Need Program

EXPEDITED LTC RENOVATION/MODERNIZATION APPLICATION

Applicant's Completeness Checklist and Table of Contents

Project Name: Village Assisted Living Project No: 5495 RT

Project Description: Convert existing residential care facility to an assisted living facility II.

Done Page N/A Description

Divider I. Application Summary:

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- ☒ 4-5 ☐ 2. Representative Registration (Form MO 580-1869).
- ☒ 6-7 ☐ 3. Proposed Project Budget (Form MO 580-1863) and detail sheet with documentation of costs.

Divider II. Proposal Description:

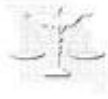
- ☒ 8 ☐ 1. Provide a complete detailed project description.
- ☒ 8 ☐ 2. Provide a timeline of events for the project, from the issuance of the CON through project completion.
- ☒ 9-10 ☐ 3. Provide preliminary schematic drawings for the proposed project.
- ☒ 10 ☐ 4. Provide the existing and proposed gross square footage.
- ☒ 11 ☐ 5. Document ownership of the project site.

Divider III. Community Need Criteria and Standards:

- ☒ 12 ☐ 1. Indicate whether the proposed project is needed to comply with current facility code requirements of local, state or federal governments.
- ☒ 12 ☐ 2. Indicate whether the proposed project is needed to meet requirements for licensure, certification or accreditation, which if not undertaken, could result in a loss of accreditation or certification.
- ☒ 12 ☐ 3. Describe any operational efficiencies to be attained through reconfiguration of space and functions.
- ☒ 12 ☐ 4. Describe the methodologies used for determining need.
- ☒ 12 ☐ 5. Provide the rationale for the reallocation of space and functions.

Divider I. Application Summary

1. Applicant Identification and Certification



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APPLICANT IDENTIFICATION AND CERTIFICATION

<i>The information provided must match the Letter of Intent for this project, without exception.</i>		
1. Project Location <i>(Attach additional pages as necessary to identify multiple project sites.)</i>		
Title of Proposed Project Village Assisted Living		Project Number 5495 RT
Project Address (Street/City/State/Zip Code) 1704 NW O'Brien Road Lee's Summit, MO 64081		County Jackson
2. Applicant Identification <i>(Information must agree with previously submitted Letter of Intent.)</i>		
List All Owner(s): <i>(List corporate entity.)</i>	Address (Street/City/State/Zip Code)	Telephone Number
John Knox Village	400 NW Murray Road, Lee's Summit, MO 64081	(816) 347-2701
<i>(List entity to be licensed or certified.)</i>		
List All Operator(s):	Address (Street/City/State/Zip Code)	Telephone Number
John Knox Village	400 NW Murray Road, Lee's Summit, MO 64081	(816) 347-2701
3. Ownership <i>(Check applicable category.)</i>		
<input checked="" type="checkbox"/> Nonprofit Corporation	<input type="checkbox"/> Individual	<input type="checkbox"/> City
<input type="checkbox"/> Partnership	<input type="checkbox"/> Corporation	<input type="checkbox"/> County
		<input type="checkbox"/> District
		<input type="checkbox"/> Other _____
4. Certification		
In submitting this project application, the applicant understands that:		
(A) The review will be made as to the community need for the proposed beds or equipment in this application;		
(B) In determining community need, the Missouri Health Facilities Review Committee (Committee) will consider all similar beds or equipment within the service area;		
(C) The issuance of a Certificate of Need (CON) by the Committee depends on conformance with its Rules and CON statute;		
(D) A CON shall be subject to forfeiture for failure to incur an expenditure on any approved project six (6) months after the date of issuance, unless obligated or extended by the Committee for an additional six (6) months;		
(E) Notification will be provided to the CON Program staff if and when the project is abandoned; and		
(F) A CON, if issued, may not be transferred, relocated, or modified except with the consent of the Committee.		
We certify the information and date in this application as accurate to the best of our knowledge and belief by our representative's signature below:		
5. Authorized Contact Person <i>(Attach a Contact Person Correction Form if different from the Letter of Intent.)</i>		
Name of Contact Person Heather Scott		Title Administrator
Telephone Number (816) 347-2701	Fax Number (816) 251-8090	E-mail Address hscott@jkv.org
Signature of Contact Person 		Date of Signature 7/2/17

MO 560-0861 (03/15)

2. Representative Registration



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REPRESENTATIVE REGISTRATION

(A registration form must be completed for each project presented.)	
Project Name Village Assisted Living	Number 5495 RT
(Please type or print legibly.)	
Name of Representative Heather Scott	Title Administrator
Firm/Corporation/Association of Representative (may be different from below, e.g., law firm, consultant, other) John Knox Village	Telephone Number (816) 347-2701
Address (Street/City/State/Zip Code) 1704 NW Murray Road, Lee's Summit, MO 64081	
Who's interests are being represented? (If more than one, submit a separate Representative Registration Form for each.)	
Name of Individual/Agency/Corporation/Organization being Represented John Knox Village	Telephone Number (816) 347-2701
Address (Street/City/State/Zip Code) 400 NW Murray Road, Lee's Summit, MO 64081	
Check one. Do you: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neutral	Relationship to Project: <input type="checkbox"/> None <input checked="" type="checkbox"/> Employee <input type="checkbox"/> Legal Counsel <input type="checkbox"/> Consultant <input type="checkbox"/> Lobbyist <input type="checkbox"/> Other (explain):
Other Information: <hr/> <hr/>	
<p>I attest that to the best of my belief and knowledge the testimony and information presented by me is truthful, represents factual information, and is in compliance with §197.326.1 RSMo which says: <i>Any person who is paid either as part of his normal employment or as a lobbyist to support or oppose any project before the health facilities review committee shall register as a lobbyist pursuant to chapter 105 RSMo, and shall also register with the staff of the health facilities review committee for every project in which such person has an interest and indicate whether such person supports or opposes the named project. The registration shall also include the names and addresses of any person, firm, corporation or association that the person registering represents in relation to the named project. Any person violating the provisions of this subsection shall be subject to the penalties specified in § 105.478, RSMo.</i></p>	
Original Signature 	Date 7/7/17

MO 380-1669 (1/1/01)



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REPRESENTATIVE REGISTRATION

<i>(A registration form must be completed for each project presented.)</i>	
Project Name Village Assisted Living	Number 5495 RT
<i>(Please type or print legibly.)</i>	
Name of Representative Rodney McBride	Title VP Health and Community Services
Firm/Corporation/Association of Representative (may be different from below, e.g., law firm, consultant, other) John Knox Village	Telephone Number (816) 347-2031
Address (Street/City/State/Zip Code) 400 NW Murray Road, Lee's Summit, MO 64081	
Who's interests are being represented? <i>(If more than one, submit a separate Representative Registration Form for each.)</i>	
Name of Individual/Agency/Corporation/Organization being Represented John Knox Village	Telephone Number (816) 347-2031
Address (Street/City/State/Zip Code) 400 NW Murray Road, Lee's Summit, MO 64081	
Check one. Do you: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neutral	Relationship to Project: <input type="checkbox"/> None <input checked="" type="checkbox"/> Employee <input type="checkbox"/> Legal Counsel <input type="checkbox"/> Consultant <input type="checkbox"/> Lobbyist <input type="checkbox"/> Other (explain):
Other Information: 	
<p>I attest that to the best of my belief and knowledge the testimony and information presented by me is truthful, represents factual information, and is in compliance with §197.326.1 RSMo which says: Any person who is paid either as part of his normal employment or as a lobbyist to support or oppose any project before the health facilities review committee shall register as a lobbyist pursuant to chapter 105 RSMo, and shall also register with the staff of the health facilities review committee for every project in which such person has an interest and indicate whether such person supports or opposes the named project. The registration shall also include the names and addresses of any person, firm, corporation or association that the person registering represents in relation to the named project. Any person violating the provisions of this subsection shall be subject to the penalties specified in §105.478, RSMo.</p>	
Original Signature Rodney McBride	Date July 5, 2017

MO 540-1869 (11/01)

3. Proposed Project Budget



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PROPOSED PROJECT BUDGET

Description

Dollars

COSTS:*

(Fill in every line, even if the amount is "\$0".)

1. New Construction Costs ***	
2. Renovation Costs ***	\$1,800,000
3. Subtotal Construction Costs (#1 plus #2)	\$1,800,000
4. Architectural/Engineering Fees	\$100,000
5. Other Equipment (not in construction contract)	
6. Major Medical Equipment	
7. Land Acquisition Costs ***	
8. Consultants' Fees/Legal Fees ***	
9. Interest During Construction (net of interest earned) ***	
10. Other Costs ***	
11. Subtotal Non-Construction Costs (sum of #4 through #10)	\$100,000
12. Total Project Development Costs (#3 plus #11)	\$1,900,000 **

FINANCING:

13. Unrestricted Funds	\$1,900,000
14. Bonds	
15. Loans	
16. Other Methods (specify)	
17. Total Project Financing (sum of #13 through #16)	\$1,900,000 **

18. New Construction Total Square Footage	
19. New Construction Costs Per Square Foot *****	
20. Renovated Space Total Square Footage	20,850
21. Renovated Space Costs Per Square Foot *****	\$91

* Attach additional page(s) detailing how each line item was determined, including all methods and assumptions used. Provide documentation of all major costs.

** These amounts should be the same.

*** Capitalizable items to be recognized as capital expenditures after project completion.

**** Include as Other Costs the following: other costs of financing; the value of existing lands, buildings and equipment not previously used for health care services, such as a renovated house converted to residential care, determined by original cost, fair market value, or appraised value; or the fair market value of any leased equipment or building, or the cost of beds to be purchased.

***** Divide new construction costs by total new construction square footage.

***** Divide renovation costs by total renovation square footage.

MO 580-1863 (02/13)

Budget Detail Sheet with Documentation

Construction Costs

- Egress, new stairs with sprinklers \$528,593
- Egress, sprinkler system for stairs \$135,204
- ANSI changes \$814,802
- Pre-work \$321,401

Architectural Fees \$100,000

Total Project Cost \$1,900,000

Divider II. Proposal Description

1. Provide a complete detailed project description

Operator/Owner John Knox Village requests to convert its two-story residential care facility (Village Residential Care, license #045181, 31-beds) to an Assisted Living facility. The request is being made to meet the needs of its existing residents longer. The square footage of the renovation is 22,534. Services affected by the renovation include temporarily relocating residents on the second floor to the first floor, and temporarily relocating residents on the first floor to the second floor. Updates to the facility include adding two new stairwells and updating the egress and ANSI requirements.

State of Missouri



**Department of Health and Senior Services
Division of Regulation and Licensure
License**

JOHN KNOX VILLAGE
Operator

Is Hereby Granted this License to Operate A / An
Residential Care Facility*
Pursuant to Chapter 198 RSMo

VILLAGE RESIDENTIAL CARE
Name of Facility

1704 NORTHWEST O'BRIEN RD, LEE'S SUMMIT, MISSOURI 64081-1559
Location

TYPE OF LICENSE: **RELICENSURE** MAXIMUM BED CAPACITY: **31**

LICENSE NUMBER **045181** EFFECTIVE DATE **02/14/2017** EXPIRATION DATE **02/13/2019**

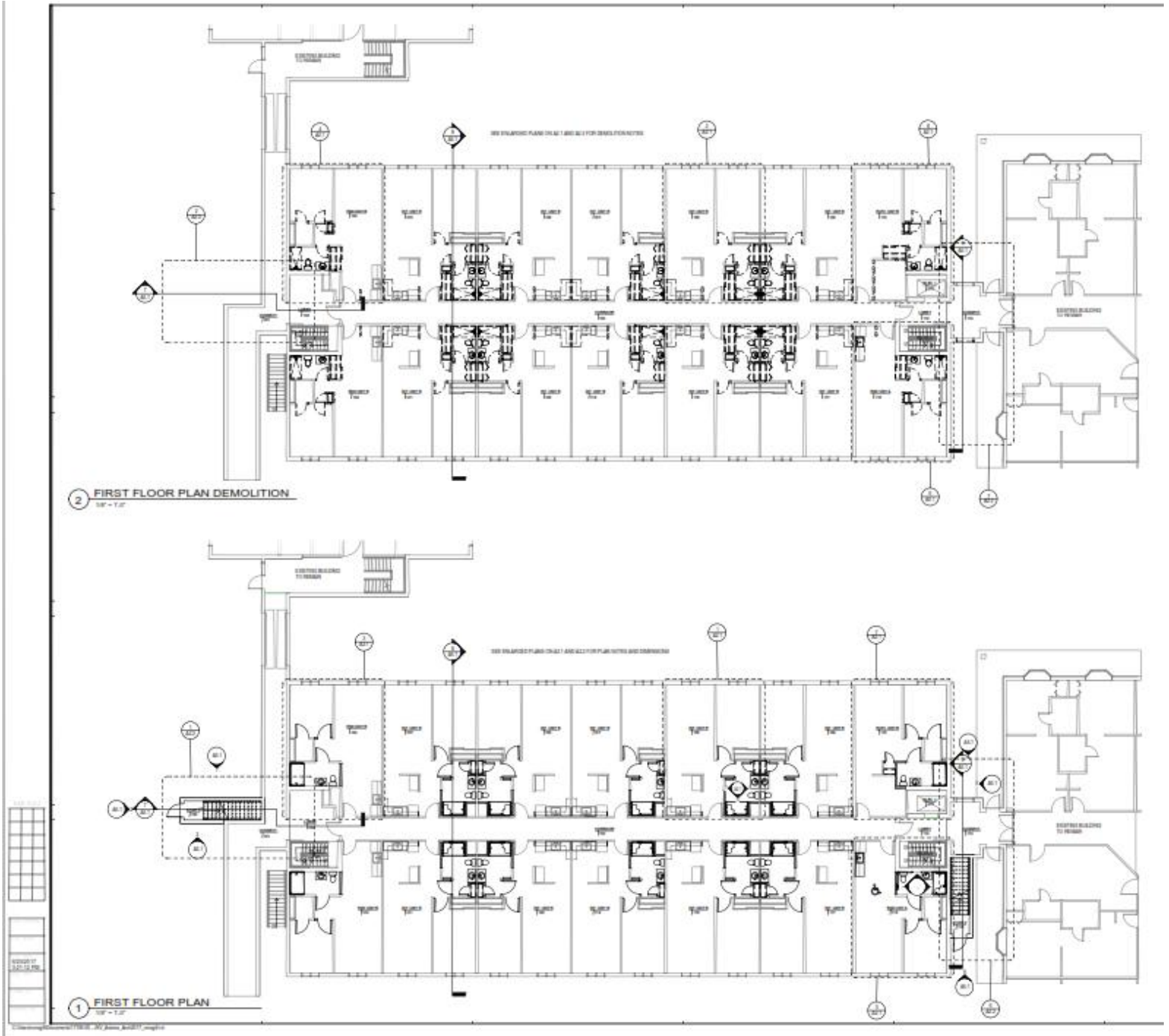

SHELLY WILLIAMSON, INTERIM ADMINISTRATOR,
SECTION FOR LONG TERM CARE REGULATION

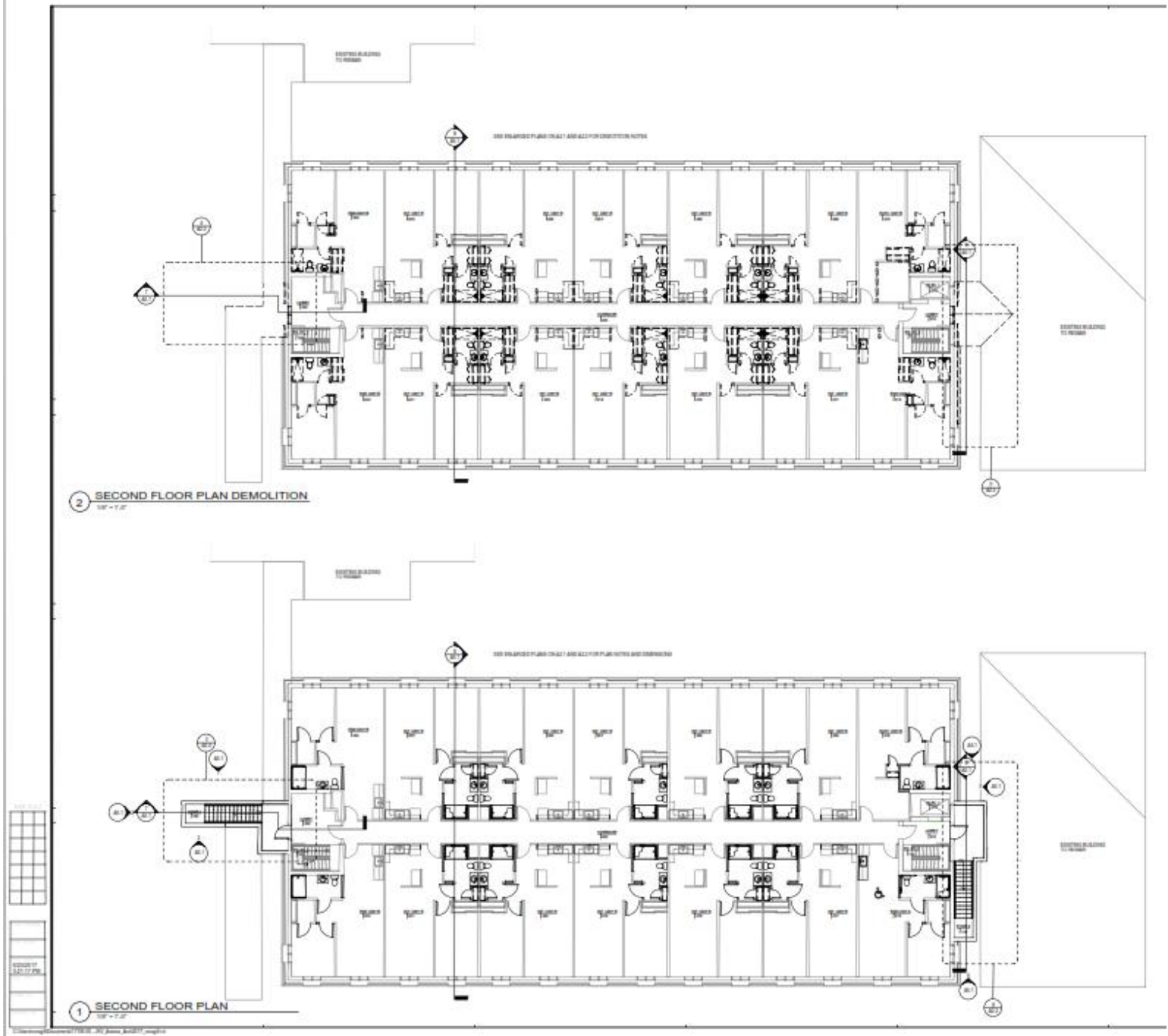
*Licensed as a residential care facility II on August 27, 2006 and chooses to continue to meet all laws, rules, and regulations that were in place on August 27, 2006 for a residential care facility II, (Section 198.073.3 RSMo, as amended by S.B. 616 (93rd General Assembly, Second Regular Session (2006)).

2. Provide a timeline of events for the project, from the issuance of the CON through project completion.

- 8/28/17 move residents from second floor to first floor
- 9/4/17 start construction on second floor and building additional stairwells
- 10/1/17 complete second floor construction
- 10/2/17 move residents from first floor to second floor
- 10/9/17 start construction on first floor
- 11/1/17 complete construction on first floor
- 11/2/17 move residents back to first floor

3. Provide preliminary schematic drawings for the proposed project.





4. **Provide existing and proposed gross square footage.**

The existing gross square footage is approximately 20,450. The proposed gross square footage is 20,850 due to the addition of two stairwells.

5. Document ownership of the project site.

FORM NO. 4-CASE 2
C. 99798

1187649

Demaree Stationery Co., 908 Walnut, Kansas City, Mo.

Corporation Warranty Deed

1,532P1693

This Indenture, Made on the 28th day of June A. D. One

Thousand Nine Hundred and Seventy-four by and between

MEDALION MEDICAL CENTERS, INC.

a corporation duly organized under the laws of the State of Missouri, of the County of Jackson, State of Missouri, party of the first part, and

JOHN KNOX VILLAGE, a Missouri not-for-profit corporation,

of the County of Jackson, State of Missouri, party of the second part,

(Mailing address of said first named grantee is 1704 W. O'Brien, Lee's Summit, Mo. 64063)

WITNESSETH: THAT SAID PARTY OF THE FIRST PART, in consideration of the sum of OTHER CONSIDERATIONS AND TEN - - - - - DOLLARS, to it in hand paid by the said party of the second part, the receipt of which is hereby acknowledged, does by these presents, GRANT, BARGAIN AND SELL, CONVEY AND CONFIRM, unto the said party of the second part, its successors, heirs and assigns, the following described lots, tracts or parcels of land, lying, being and situate in the County of Jackson and State of Missouri

to-wit: All

05-2729

All that part of Tract 1 and Tract 2, JOHN KNOX RETIREMENT VILLAGE, a subdivision in Section 1, Township 47, Range 32, in Lee's Summit, Jackson County, Missouri, described as follows:

Commencing at the Southeast corner of the Northwest 1/4 of Section 1, Township 47, Range 32, Lee's Summit, Jackson County, Missouri, thence North 00°-00' West along the East line of said 1/4 section, 273.18 feet to a true point of beginning; thence South 85°-02'-30" West along the Northerly line of part of Tract "C" and the Easterly prolongation thereof, Highway Manor, a subdivision in Lee's Summit, Missouri, 328.23 feet; thence North 00°-00' East 461.67 feet; thence North 90°-00' East 172.00 feet; thence North 00°-00' East 126.0 feet; thence South 90°-00' West 873.63 feet; thence North 16°-56' West 811.73 feet; thence North 00°-00' East 301.15 feet; thence North 77°-34' East 65.62 feet; thence South 43°-51' East 17.84 feet to the P.C. of a curve to the right; thence Southeasterly along said curve, having a radius of 2692.20 feet, an arc distance of 730.66 feet; thence South 28°-18' East tangent to last described course, 199.68 feet; thence South 69°-28' West 3.47 feet to the I.C. of a curve to the left; thence Southwesterly along said curve, having a radius of 995.0 feet, an arc distance of 52.94 feet, thence South 28-18' East 164.07 feet; thence North 90°-00' East 491.61 feet to a point on the East line of said Northwest 1/4; thence South 00°-00' East along said East line, 112.37 feet to the point of beginning, subject to that part thereof in Murray Road. The above tract contains 14.440 acres, more or less, including part of streets

Subject to easements, restrictions and reservations now of record, if any, and subject to note and first deed of trust now of record which grantee assumes and agrees to pay in accordance with its terms.

Divider III. Community Need Criteria and Standards

1. Indicate whether the proposed project is needed to comply with current facility code requirements of local, state, or federal governments.

The proposed project is to comply with local requirements. The City of Lee's Summit requested the following issues be addressed:

- Maximum allowable area, stories, and height. The entire building completely protected by an approved automatic sprinkler system in accordance with a NFPA 13 system.
- Satisfaction of minimum egress requirements. Two exits per floor must be maintained and adequately sized. Handrails and guards must be brought up to modern standards.
- Accessibility to physically disabled persons. 4% of units shall be accessible to physically disabled persons.
- Maintenance of minimum fire resistive barriers. Dwelling unit walls shall be rated in accordance with the NFPA 13 system.

2. Indicate whether the proposed project is needed to meet requirement for licensure, certification or accreditation, which if not undertaken, could result in a loss of accreditation or certification?

The proposed project is not needed to meet requirement for licensure. The building is currently licensed as a residential care facility II.

3. Describe any operational efficiencies to be attained through reconfiguration of space and functions.

The operational efficiencies to be attained through the reconfiguration of space include allowing the operator, John Knox Village, to incorporate the residential care facility into its existing assisted living facility, Village Assisted Living (license number 045182). If approval is granted, the Village Assisted Living (license number 045182) would increase from 141 beds to 172 beds.

4. Describe methodologies used for determining need.

The facility is already licensed as a residential care facility, so the need for bed need calculation is not necessary. There is a need, however, within the John Knox Village community for more traditional assisted living beds.

5. Provide the rationale for the reallocation of space and functions.

Operator John Knox Village requests to eliminate the residential care licensure type on its campus because it is not the best level of care to meet the needs of its community. On average, residents at the RCF level of care are only able to remain in the facility for less than one year before needing to discharge to an assisted living facility or skilled nursing facility due to increased care needs. This shortened duration of residency and increased number of moves creates an unnecessary burden for the resident and their family. If approval for this project is granted, John Knox Village will be able to care for the residents who currently reside in Village Residential Care for a longer period of time and further develop its mission of "enriching lives, building community."